

Case Number:	CM13-0029246		
Date Assigned:	03/19/2014	Date of Injury:	10/16/2011
Decision Date:	05/09/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is a licensed Doctor of Chiropractic and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who reported an injury on 10/16/2011 after a fall that reportedly caused injury to the right side of her body. The injured worker's treatment history included a laminectomy and bilateral foraminotomy with a right sided discectomy at the L5-S1. The injured worker was treated postoperatively with physical therapy, a home exercise program, and medications. The documentation of 08/08/2013 revealed the injured worker had right hand and wrist pain with numbness and tingling in the right hand, thumb, 2nd and 3rd digits. The injured worker indicated she experienced weakness and swelling in her right hand and wrist. The physical examination revealed the injured worker had mild partial swelling in the right hand and the 1st metacarpophalangeal joint of digits 2 and 3. The range of motion of the wrists was decreased and painful in the right wrist. Deep tendon reflexes in the upper extremities were symmetrical and active bilaterally in the biceps, triceps and brachioradialis. The Tinel's and the Prayer's sign were positive on the right wrist. The diagnosis included right wrist carpal tunnel syndrome and right wrist sprain/strain. The treatment plan included chiropractic manipulation of the upper extremity, physical therapy modalities and a possible orthopedic consultation due to positive findings in the right wrist and due to positive findings in the right wrist there was a request for an EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

URGENT CHIROPRACTIC 2 TIMES A WEEK FOR 4 WEEKS FOR THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58,59.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. However, it is not recommended for the wrist or for carpal tunnel syndrome. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the upper extremities that would be treated and failed to indicate a necessity for bilateral treatments as it was indicated the injured worker's condition was on the right side. Given the above, the request for urgent chiropractic 2 times a week for 4 weeks to the bilateral upper extremities is not medically necessary.